

# Demographic Reporting Form

## Individual – Quarterly Totals

### Positive Alternatives

Dates: June 20 – Sept. 30 Grantee Name: First Choice Pregnancy Services

#### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
	3	4	11	5	4	3	

#### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
8	6	8	8		

#### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
6	24	

#### 4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
22						8

#### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
8	22	

#### 6. Client Type:

Mother	Father	Grandparent	Other
30			

